

## FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

| <b>Title of Invention</b>   | Quadrifilar Antenna |                 |  |             |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
|---|---------------------|-----------------|--|-------------|-------------|--------------------|-------------------|-----|------|---|---|------------------------|--|------|----|---|--|--|--|--------------------------------------|--|
| Application Number :<br>Date :<br>First Named Applicant: Dr. Argy Petros<br>Attorney Docket Number:   |                     |                 |  |             |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
| <b>TOTAL FEE AUTHORIZED \$ 385</b><br><br>Patent fees are subject to annual revisions on or about October 1st of each year.   |                     |                 |  |             |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
| Filing as small entity<br><br>BASIC FILING FEE  |                     |                 |  |             |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="3"></td><td>Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table>  |                     | Fee Description | Fee Code                               | Amount \$   | Fee Paid \$ | Utility Filing Fee | 2001              | 385 | 385  |   |   |                        | Subtotal For Basic Filing Fees: \$ 385 |      |    |   |  |  |  |                                      |  |
| Fee Description   | Fee Code            | Amount \$       | Fee Paid \$                            |             |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
| Utility Filing Fee  | 2001                | 385             | 385                                    |             |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
|   |                     |                 | Subtotal For Basic Filing Fees: \$ 385 |             |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
| EXTRA CLAIM FEES  |                     |                 |  |             |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
| <table border="1"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 12</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 3</td><td>0</td><td>2201</td><td>43</td><td>0</td></tr><tr><td colspan="3"></td><td colspan="2">Subtotal For Extra Claims Fees: \$ 0</td></tr></tbody></table> |                     | Fee Description | Extra Claim                            | Fee Code    | Amount \$   | Fee Paid \$        | Total Claims : 12 | 0   | 2202 | 9 | 0 | Independent Claims : 3 | 0                                      | 2201 | 43 | 0 |  |  |  | Subtotal For Extra Claims Fees: \$ 0 |  |
| Fee Description   | Extra Claim         | Fee Code        | Amount \$                              | Fee Paid \$ |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
| Total Claims : 12   | 0                   | 2202            | 9                                      | 0           |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
| Independent Claims : 3  | 0                   | 2201            | 43                                     | 0           |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
|   |                     |                 | Subtotal For Extra Claims Fees: \$ 0   |             |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |
| <b>AUTHORIZED BILLING INFORMATION</b><br><b>The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</b><br><br>Credit account number: 1009<br>Expiration Date (YYYYMMDD): 2004-06-30<br>Authorized name: Argy Petros<br>Billing address: 33463   |                     |                 |  |             |             |                    |                   |     |      |   |   |                        |  |      |    |   |  |  |  |                                      |  |